Hospitalization Claim Form Sample for COVID-19 Treatment

The **hospitalization claim form** sample for COVID-19 treatment is designed to streamline the submission process for medical reimbursements. It ensures accurate documentation of patient information, treatment details, and expenses related to COVID-19 hospitalization. Using this form helps facilitate quicker approval and settlement of insurance claims.

A. Patient & Insured Details			
Patient Name:		Gender:	Male
Date of Birth:		Patient Contact No.:	
Insurance Policy Number:			
Address:			

B. Hospital Details			
Hospital Name:			
Admission Date:		Discharge Date:	
Hospitalization Reason:	COVID-19 Treatment		
If Other, Specify:			

C. Treatment & Expenses					
Service/Procedure	**Date**	**Amount (INR/USD)**	**Amount Claimed**	**Receipt/Invoice No.**	**Remarks**

D. Bank Details for Reimbursement	
Bank Name & Branch:	
Account Number:	
IFSC/SWIFT Code:	

Declaration:
I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I authorize the insurance company to seek medical information from the hospital, if required.

Signature of Patient/Insured:	_____	Date:	_____